

PLEASE PRINT

NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES

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REGISTRATION FOR NYS WRITTEN CERTIFICATION EXAMS  
**CLASS ON-SITE SCORING REQUEST**

COURSE #: \_\_\_\_\_

COURSE LEVEL: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_

TEST SITE: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

# STUDENTS ENROLLED IN COURSE: \_\_\_\_\_

# STUDENTS TESTING AT ON-SITE SCORING SITE: \_\_\_\_\_

Student Name	Address	EMT #	Date of Birth	Daytime Phone #	Student's Initials
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				

**Note:** There is a fee of \$25.00 for on-site scoring payable to PSI Examination Services in the form of a money order or certified check. No cash or personal checks will be accepted. Payment is to be made at the examination site. There is no on-site scoring examination available for CFR Level. We are not able to offer accommodations under the ADA for candidates at on-site scoring locations. ***Instructors MUST complete the heading of this form completely.***

Please mail to: NYS DOH  
Bureau of EMS  
433 River Street – Suite 303  
Troy, NY 12180-2299  
Attn.: Certification/Testing Unit

**OR**

Fax to: NYSDOH EMS  
(518) 402-0985  
Attention: Certification/Testing Unit

**- O V E R -**

Student Name	Address	EMT #	Date of Birth	Daytime Phone #	Student's Initials
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					